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CONFIRMATION NO. 5

Bib Data Sheet

SERIAL NUMBER 10/675,047	FILING DATE 09/30/2003 RULE	CLASS 428	GROUP ART UNIT 1773	ATTORNEY DOCKET N 221752
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APPLICANTS

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** CONTINUING DATA ***** NO, DSN

** FOREIGN APPLICATIONS ***** NO, DSN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 12/22/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>DSN</u> Examiner's Signature _____ Initials _____	STATE OR COUNTRY IN	SHEETS DRAWING 0	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
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ADDRESS

23460
 LEYDIG VOIT & MAYER, LTD
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TITLE

Medical implant or medical implant part and method for producing the same

FILING FEE RECEIVED 786	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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